

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION

Division of Water Pollution Control 6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 37243 1-888-891-8332 (TDEC)

Notice of Intent (NOI) for General NPDES Permit for Stormwater Discharges from Construction Activities (TNR100000)

Site or Project Name:	Hankook Tire - Mass Grading and Utility Package Phase 1A			NPDES Tracking Number: TNR			
Street Address or	North of Rossview Road, east of Interstate 24, south		and west of	Start date:		April 1, 2014	
Location:	International Blvd in Montgo			Estimated end date:		Dec 31, 2014	
Site Grading, drainage, and utility improvements for a H		ankook Tire	Latitude (dd.dddd):		36.5675		
Description: Production facility			Longitude (dd.dddd):		-87.2471		
County(ies):	Montgomery	MS4	Montgomery County	Acres Disturbed:		99.5	
County(les).	Wolligothery	Jurisdiction:		Total Acres:		568	
Does a topographic map show dotted or solid blue lines and/or wetlands on or adjacent to the construction site? If wetlands are located on-site and may be impacted, attach wetlands delineation report. If an Aquatic Resource Alteration Permit has been obtained for this site, what is the permit number? ARAP permit No.:							
Receiving waters: Sinkhole - Spring Creek/Red River							
Attach the SWPPP with the	NOI SV	WPPP Attached	Attach a site location map	Map Attach	ed		
Name of Site Owner or Developer (Site-Wide Permittee): (person, company, or legal entity that has operational or design control over construction plans and specifications): Industrial Deveopment Board of the County of Montgomery Site Owner or Developer Contact Name: (individual responsible for site): Title or Position: (the party who signs the certification below):							
Mike Evans			Executive Director of IDB				
Mailing Address: 25 Jefferson St, Suite 300			City: Clarksville		tate:	Zip: 37040	
Phone: (931) 245-4348	Fax: (93	1) 647-1501	E-mail: mevans@clarksville.tn.us			7 37010	
Optional Contact:			Title or Position:				
Houston Smith			Engineer Engineer				
Mailing Address: P.O. Box 949			City: Clarksville	State: TN		Zip: 37041-0949	
Phone: (931) 647-6959	Fax: (93	1) 647-7135	E-mail: hsmith@dbsengr.com				
Owner or Developer Certification (must be signed by president, vice-president or equivalent, or ranking elected official) (Primary Permittee)							
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Owner or Developer Name; (print or type) Mike Evans			Signature:	Kulans		3/19/2014	
Contractor(s) Certification (must be signed by president, vice-president or equivalent, or ranking elegated official) (Secondary Permittee)							
I certify under penalty of law that I have reviewed this document, any attachments, and the SWPPP referenced above. Based on my inquiry of the construction site owner/developer identified above and/or my inquiry of the person directly responsible for assembling this NOI and SWPPP, I believe the information submitted is accurate. I am aware that this NOI, if approved, makes the above-described construction activity subject to NPDES permit number TNR100000, and that certain of my activities onsite are thereby regulated. I am aware that there are significant penalties, including the possibility of fine and imprisonment for knowing violations, and for failure to comply with these permit requirements.							
Primary contractor name and address; (print or type) To be Determined			Signature:	Date:		ate:	
Other contractor name and address; (print or type)			Signature:	Date:			
Other contractor name and address; (print or type)			Signature:	Date:			
OFFICIAL STATE USE ONLY							
Received Date:		Field Office:	Permit Number TNR	Exceptional TN Water:			
Fee(s):	T & E Aquatic Flora and Fauna:		Impaired Receiving S	tream:	Notice of	Notice of Coverage Date:	